

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013884

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 49

FILED MAR 21 1962

1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)

Nevada, Missouri

Length of stay in 1b

69 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

Nevada Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Vernon

admission)

c. CITY

OR

TOWN

Nevada, Missouri

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

306 West Cherry St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Elson

Middle

Harpold

Last

DATE

Month

Day

Year

OF

DEATH

March

12,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-25-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Barber

11. BIRTHPLACE (City and state or country)

Bronaugh, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Grant Harpold

13b. MOTHER'S MAIDEN NAME

Lula

14. NAME OF HUSBAND OR WIFE

Grace Harpold

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 306 W- Cherry

Mrs. Grace Harpold, Wife, Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Right Hemiplegia

INTERVAL BETWEEN

ONSET AND DEATH

17 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

unknown

DUE TO (c)

Chronic cardiovascular renal disease

2 plus yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour ~ Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 24, 1962 to Mar. 12, 1962 and last saw him alive on Mar. 12, 1962Death occurred at Nevada, Mo. 9:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

R. B. Wray, M.D., F.I.C.S.

22b. ADDRESS

Moore Building, Nevada, Missouri

22c. DATE SIGNED

3/13/'62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-14-1962

23c. NAME OF CEMETERY OR CREMATORY

Newton Burial Park

23d. LOCATION (City, town, or county)

Nevada, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS..

Hays Funeral Service, Inc.

Nevada, Missouri

25. DATE RECD. BY LOCAL REG.

3-15-1962

26. REGISTRAR'S SIGNATURE

Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

1 1085

2 1085

3 2

4 0

5 1

6

7 0

8 2

9 442X

10

11

12 1-0

13 1-0

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAR 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard L. Stippin

Licensed Embalmer No.

5053

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.